

Translating Evidence Based Research into Quality Services

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Goals

- ➔ Develop an understanding of the language of evidence based research discussions, and why this has become so critical at this point in time.
- ➔ Propose a framework for how to apply evidence based services in individual situations

Goals

- ➔ Create an awareness of the challenges and disincentives that be may encountered
- ➔ Discuss real world implementation barriers participants may have encountered.



Evidence Based Health & Human Services

Why Now?

Ever Increasing Costs of Health Care & Human Services

Cost of Healthcare Up 9.3 % in 2003

Cost of Hospital Care up 9.5% in 2003

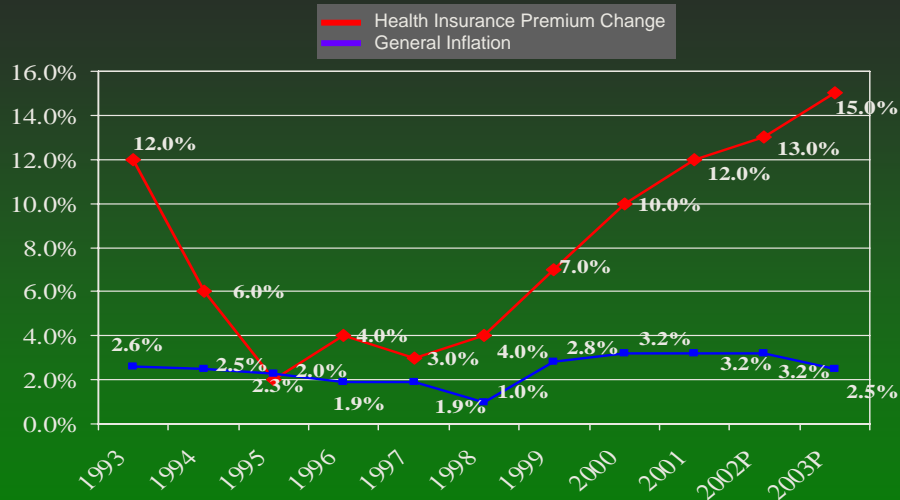
Project Cost of Health Coverage up 12.6% in 2006

Contributing Factors:

- Aging population
- Increased use of diagnostics and therapeutic services
- Rising cost of labor
- Increased consumer expectation

(Dr. Mike Magee Source: Steinbrook, R NEJM 2004)

Health Insurance Premiums v. General Inflation



Sources: Towers Perrin (red) and the Department of Labor (blue) from Rowe, Upenn 2003

Rising Consumer Expectations of Success

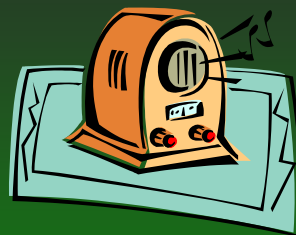
- Growing belief of right to most effective services
- Consumers expect to have access to same information we have
- Consumers growing more savvy about what questions to ask and what services they expect.

Evolving Consumer Movement

- Growing value that we have right to choose
- Right to information that is accurate timely and relevant to their unique situation
- Right to be involved and consulted, if not direct, the care, evaluation and documentation

Role of Media in Society

- Reaches the largest population in a non threatening way



- Influences behavior and expectations

Accountability

- Duty to inform about services and refer if not our specialty area
- Payors and stakeholders expect “transparent processes” and fewer barriers
- Increased expectations of proving our worth and value

Historical Development

"[it] is surely a great criticism of our profession that we have not organized a critical summary by specialty or subspecialty adapted periodically of all relevant randomized controlled trials"

(A.Cochrane, 1979)

Twenty Five Years in Focus

- 80's: Target – Evidence Based Medicine
Cochrane Center; Institute of Medicine
- 90's: American Academy of Pediatrics
American Academy of C/A Psychiatry
American Psychological Association
- 1997 DHHS created evidenced based centers

Wealth of Current Resources

- ➔ DHHS
 - Agency for Healthcare Research & Quality
 - <http://www.ahrq.gov/clinic/epcix.htm>
- ➔ CWLA
- ➔ SAMHSA
- ➔ The Cochrane Collaboration

De-Mystifying the Language

What is Evidence?

- ⇒ General: Information that we use to base our actions and decisions.
- ⇒ Suggests that a result happened or is likely to happen when a practice or service is used for a particular population
- ⇒ Differing Levels
 - **Anecdotal information**
 - **Results or Outcomes**
 - **Expert or User Consensus**
 - **Scientific controlled trials and research**

Best Practices

- ⇒ Best clinical or administrative approach given the environmental and cultural factors
- ⇒ Caution: Sometimes used synonymously with evidence based practices
- ⇒ Typically based on those practices driven by clinical wisdom, guilds, or consensus ~

Not necessarily scientific research

Promising Practices

- ⇒ Strong clinical or administrative approaches given the environmental, community and cultural factors
- ⇒ Caution: May be used by some to be evidence based practices

Acknowledges that the practices have expert consensus support, but not yet proven by controlled scientific research.

Emerging Practices

- ⇒ "Emerging Best Practices"
- ⇒ "Emerging Promising Practices"
- ⇒ Most often tied to a particular population
- ⇒ New approaches seemingly showing results

Do not yet have
consensus_or_scientific support

Evidence Based “Practices”

- ⇒ Often synonymous with evidence based services
- ⇒ Practices that have been proven to consistently produce specific intended results
- ⇒ Targeted a specific or service system approach

Research Studies in
Research settings
&
Real world settings

Evidence based “Practice”

- ⇒ Broad term
- ⇒ Health and human service professionals providing interventions and activities on the most up-to-date evidence or knowledge available.
- ⇒ Encompasses all levels of evidence based approaches

➤ *The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research".*

(Dr. David Sackett et al, Cochrane 1996)

➤ *The integration of best research evidence with clinical expertise and patient values*

(IOM, 2001)

Evidence Based Practices

Efficacious

Provides positive results in a controlled research study in often constrained environments

Effective

Provides positive results in real world settings

Evidence Based Decision Making

- Sometimes synonymous with evidence based thinking
- Using what is known to base our decisions
- Recognizing the differing levels of evidence
- Individualizing our treatment decisions based upon unique needs
- Monitoring the outcomes

Other Evidence Related Language

- Exemplary Service
- Commendable Service

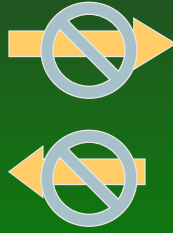
The Challenge:

Translation to Real World Service Delivery

Why the Translation Gap?



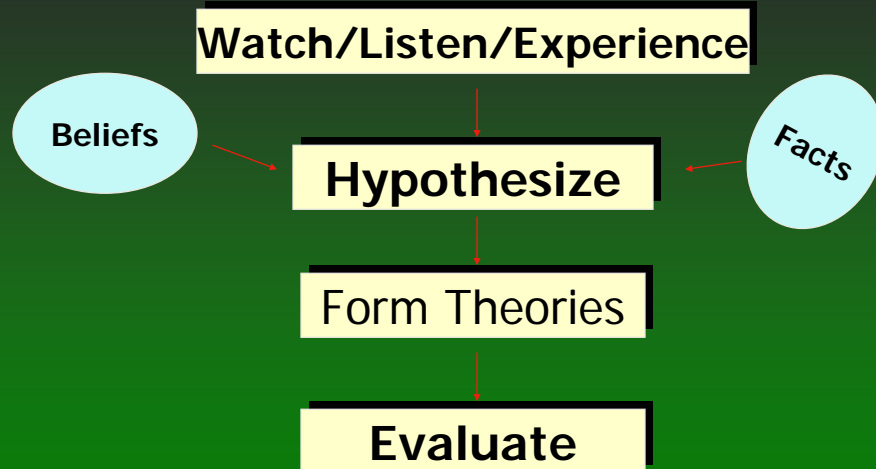
Why?



Why?



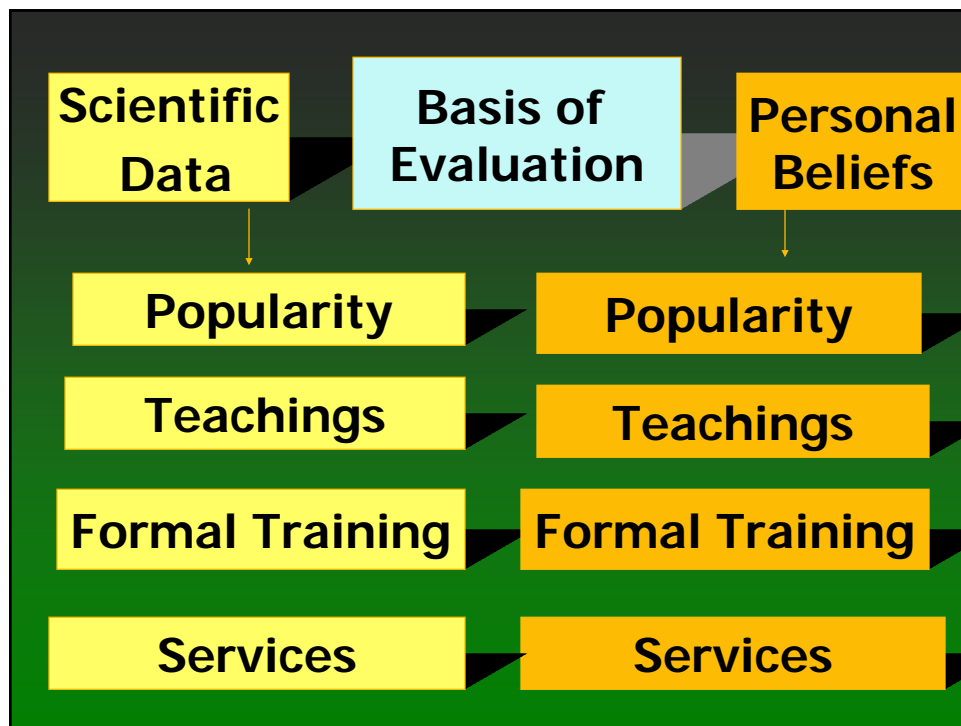
How do we make decisions?



With apologies to TAC, ACMHA publication, fall 2003

"You can't convince a
believer of anything;
for their belief
is not based on evidence,
it's based on a deep seated need
to believe."

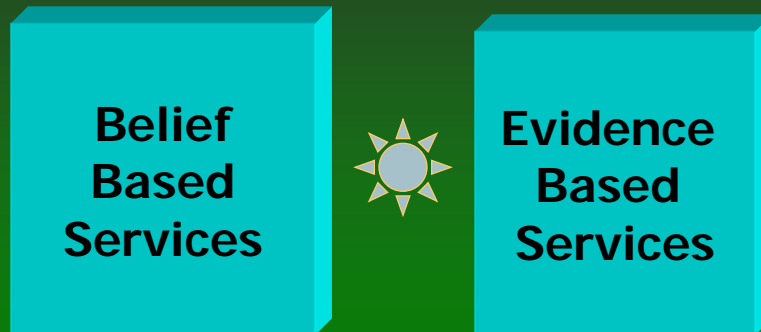
Carl Sagan (1934-1996)



**"The Fact that an opinion has
been widely held
is not evidence whatsoever that
it is not utterly absurd."**

Bertrand Russell (1870-1970)

Crossing the Chasm



Lay the Foundation

Learn the Language

Become Multilingual

Go back to School

Be a real world scientist

Learn the evidence

Stay current with the research

Evaluate your outcomes

If It Only Were that Easy

Organizational Change

- ⇒ Unaware/Uninterested (precontemplative)
- ⇒ Motivating (Contemplative)
- ⇒ Implementing (Preparation)
- ⇒ Sustaining (Action)
- ⇒ Improving (Maintenance)

NASMHPD and Prochaska

Assessing the Environment

A Case Example

1999: *A Not so Good Time*

CAMHD

- ⇒ Costs increasing
 - Legislature not pleased
 - State Administration not pleased
- ⇒ Results poor
 - Family & Children not satisfied
 - Federal Court not pleased
- ⇒ System organization in disarray
 - providers not able to meet expectations

Assessing Readiness

The Story Continues....

Differing Levels of Readiness

- ➔ Broad Public Stakeholders
- ➔ State Employees
- ➔ Contracted Providers & Agencies
- ➔ Consumers (Youth & Families)/Advocates

Assessing Readiness

- ⇒ Unaware/Uninterested (precontemplative)
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Engagement in Change

Unique Approach for each body

Educate & Inform
Support & Advise
Monitor & Evaluate
Communicate!!!!

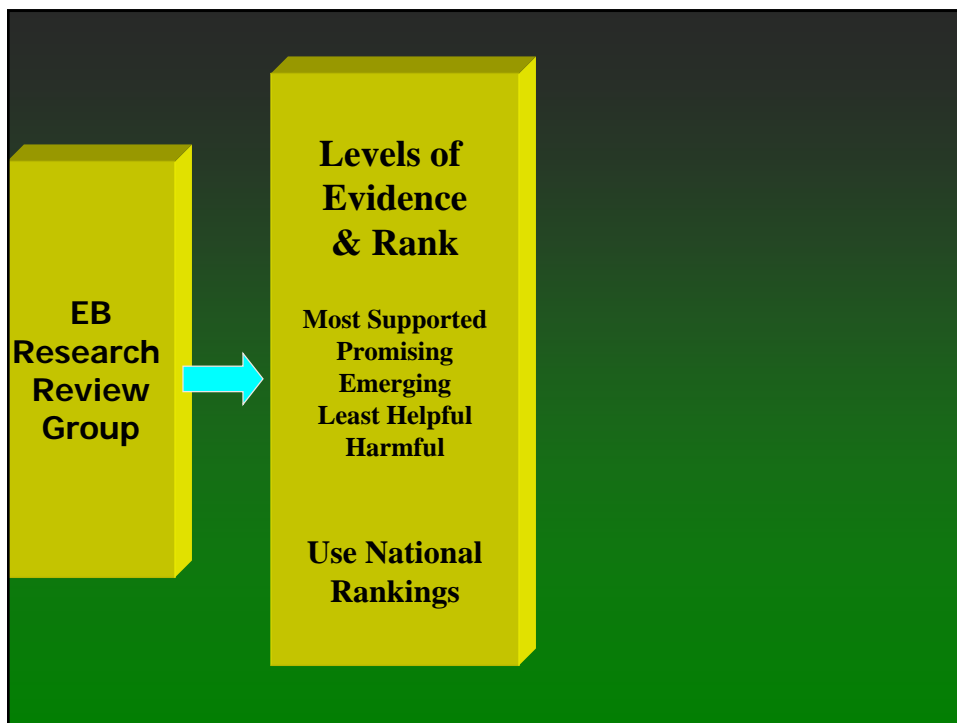
Introducing an Evidence Based Value to the System

**Evidence
Based
Review
Group**

**Clinicians
Universities
Peers
Colleagues**

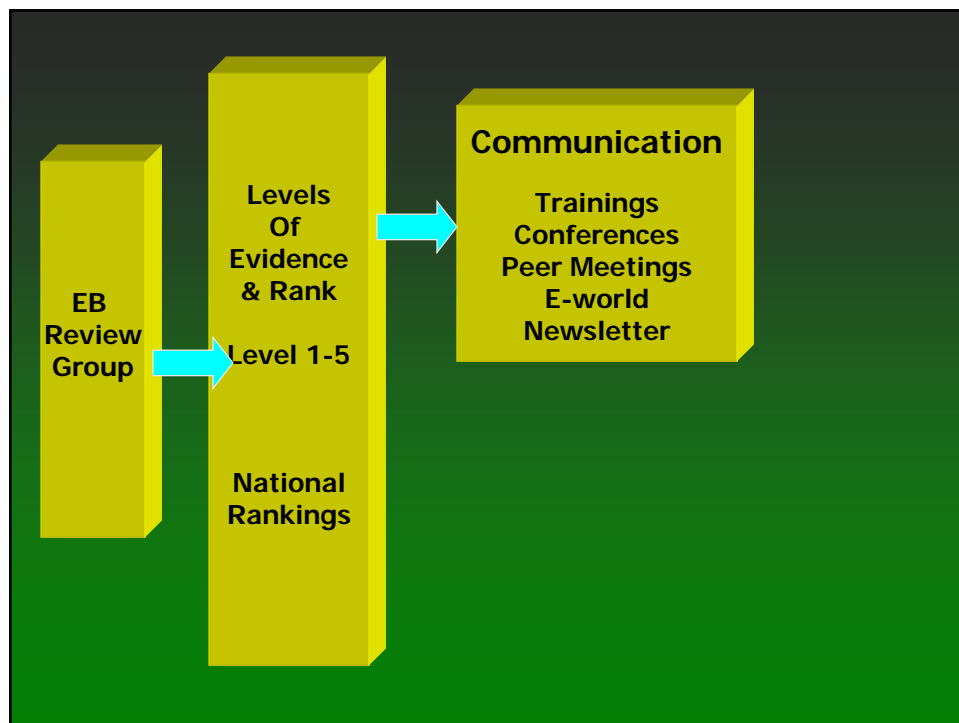
CAMHD EBS Committee

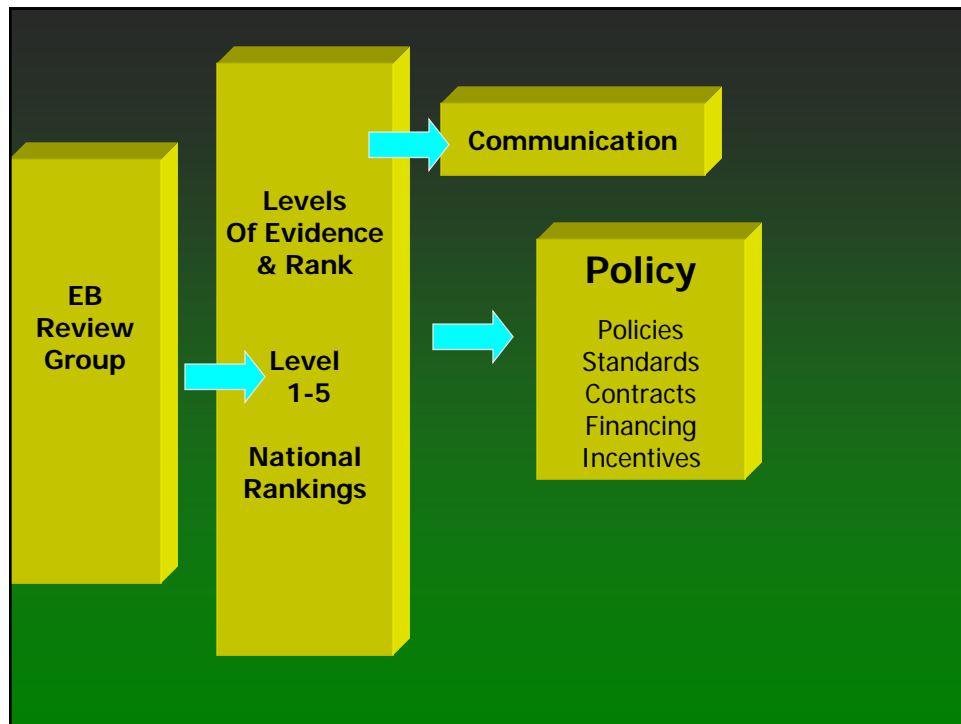
- ⇒ CAMHD
 - Psychiatrists, psychologists
- ⇒ University of Hawaii
 - Psychiatry; Psychology; Social Work; Nursing
- ⇒ Contracted Providers
- ⇒ Family & Advocacy Representatives



Ranking of Evidence Based Research

- **Best Support** – externalized randomized
- **Good Support** – internal randomized
- **Moderate Support** – series of case design
- **Minimal Support** – doesn't fit above
- **Known Risks** – at least one study of harm





CAMHD Standards

- Performance Standards & Practice Guidelines



Changing Practice

- ⇒ Training
- ⇒ Mentoring
- ⇒ Supervision
- ⇒ Attention to Outcomes
- ⇒ Incentives

“Effect size estimates for exposure suggested that the average child at post- test scored better than 98% of children’s pre-treatment scores. For CBT, that figure was 81%, and for modeling it was 71%. The higher effects for exposure may be due to the fact that most studies of exposure (and modeling) involved less complicated anxious or avoidant behavior problems”

Department Of Health
Child & Adolescent Mental Health Division
2004Report of the Evidence Based Services Committee

Hawaii “Blue Menu” of Evidence-Based Services

Problem	Level 1 best support	Level 2 good support	Level 3 some support	Level 4 no support	Level 5 known risks
Anxiety	CBT; Exposure; Modeling	CBT+ parents; Ed support	None	EMDR Play Tx; GIST	None
ADHD	Behavior Therapy	None	None	Biofeedback; Play Tx; GIST	None
Autism	None	None	ABA FCT	Play Therapy; GIST	None
Conduct	None	Multisystemic Therapy	None	Juvenile Justice; Individual Tx	Group Therapy
Depression	CBT	CBT + parents; IPT; Relaxation	None	Family Tx; Individual Tx	None
Oppositional	Parent/Teacher Training	Anger Coping; Assertiveness; PSST	None	Relaxation; Individual Tx	Group Therapy
Substance	CBT	Behavior Tx; Family Tx	None	Individual Therapy	Group Therapy

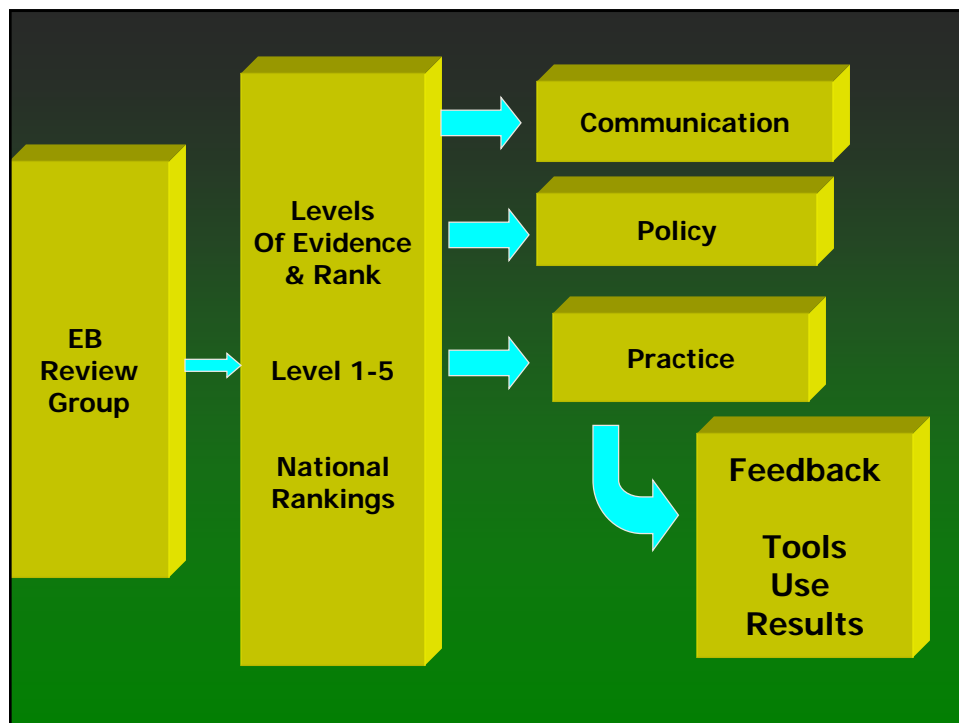
EBS Tips of the Week

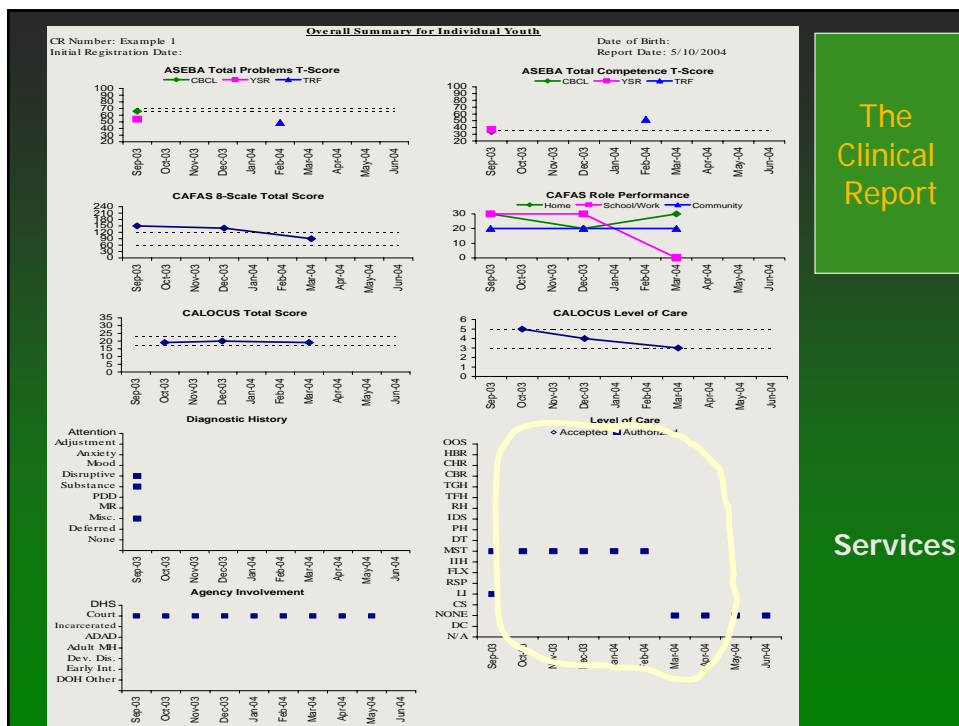
⇒ Week of 07-11-05

Behavior therapy is the only non drug therapy supported for the treatment of ADHD. These programs place heavy emphasis on training parents and teachers to manage challenging or noncompliant behavior (source: EBS Biennial Report 2004). [5]

⇒ Week of 07-04-05

Relaxation alone has been shown to be as effective as many more complicated treatments for child depression. Two well-designed studies support its effects (source: EBS Biennial Report 2004). [4]





CAMHD Outcomes

- Use of Evidence Based Services
- Functional Status Changes
- Increased use of evidence based services

Avoid Use of Hospital Residential Services for Conduct Disorders

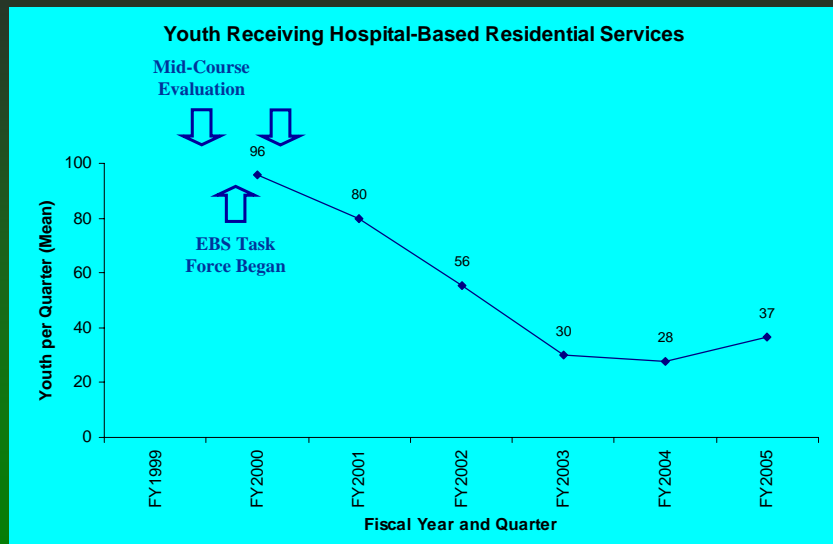
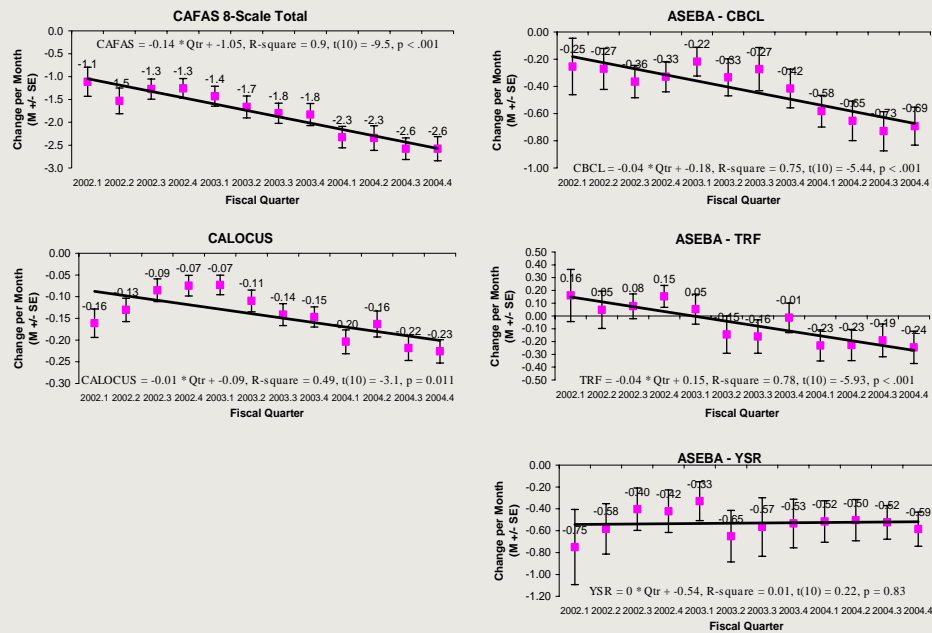
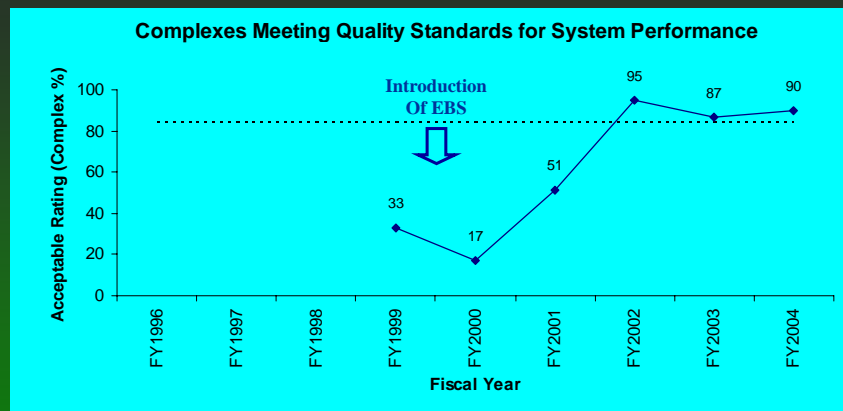


Figure 2: Average Monthly Within Client Slopes (I.e., Change per Month) During Service Episode For the Period of July, 2001 to June 30, 2004 as of June 30, 2004



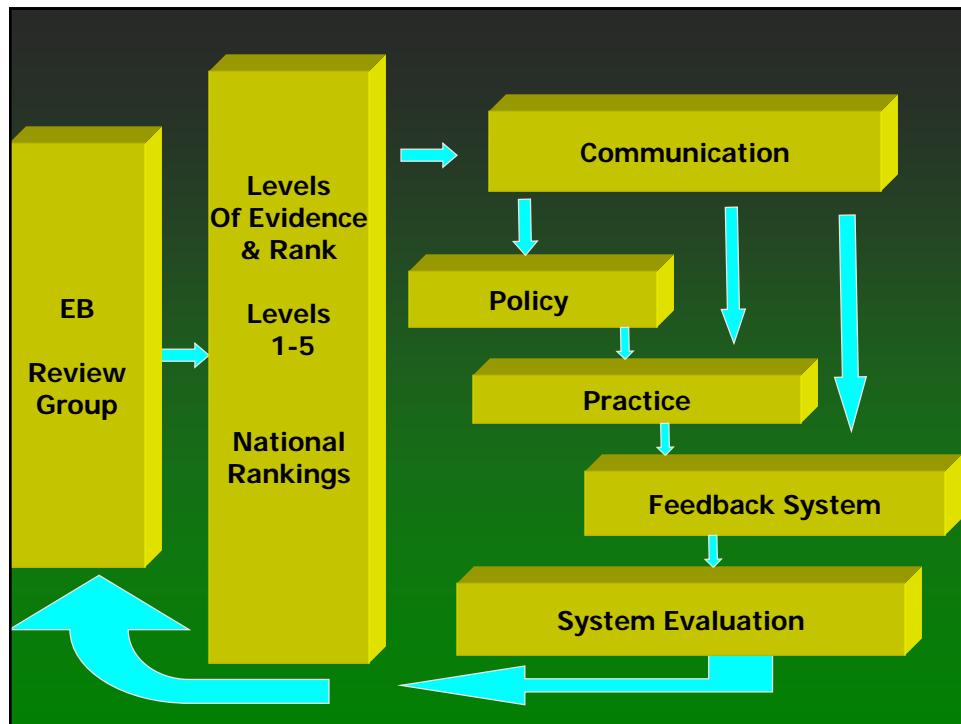
System Performance since EBS



Quality Dimension Examples:

Functional Assessment
 Long-term view
 Service Plan & Implementation
 Service Array & Integration

Service Coordination & Transition
 Caregiver Supports
 Effective Results
 Monitoring & Modification



Evidence Based Research

What it is.....

- ⇒ The way to strengthen the quality of services
- ⇒ The way to increase positive outcomes
 - For your clients
 - For your payor
 - For the clinician, contractor, administrator, and reviewer,

What It's Not

- A way to force change
- A way to limit services
- A way to reduce options

Limitations & Considerations

- Agency or System Readiness
- Agency or System Complexities
- The other 30-45%

"If at first
you don't succeed,
destroy all evidence
that you tried"

Anonymous

"Absence of Evidence
is not Evidence"

Carl Sagan (1934-1996)

Discussion